	FOR OFFICE USE ONLY (Cashier's Certificate)			
License No.	Date Issued	Fee: Rev. Acct. #110-94-296		
MICHIGAN DEPARTMENT OF CONSUMER & INDUSTRY SERVICES				

# **BUREAU OF CONSTRUCTION CODES & FIRE SAFETY - BUILDING DIVISION**

# APPLICATION FOR MANUFACTURED HOME COMMUNITY LICENSE

LINDER THE MICHIGAN MOBILE HOME COMMISSION ACT 1987 PA 96

UNDER THE WIN	CHIGAN	VIODILE I IOIVIE	COMMISSI	ON AC 1, 1967	FA 90		
ISTRUCTIONS							
nis form must be typed or legibly printed in bla member to sign and have this form notarized		Failure to accur	ately comple	ete the form n	nay be reasoi	n for denial. Ple	ase
Check one of the following boxes indicating w	hat type I	icense you are	applying for	:			
	MANUFACTURED HOME COMMUNITY LICENSE - FEE \$(\$75.00 for 25 sites or less, plus \$1.00 for each site in excess of 25.)		NUMBER OF SITES				
SEASONAL COMMUNITY LICENSE - I (\$40.00 for 25 sites or less, plus \$.50 for 6				NUMBE	ER OF SITES		_
Specific Tax (\$3.00 per month, per occ	cupied ma	anufactured ho	me) will be	paid to:			
City of To	wnship o	t		Village	of		_
TRANSFER OF EXISTING LICENSE A (\$75.00 for 25 sites or less, plus \$1.00 for (Seasonal: \$40.00 for 25 sites or less, plus	each site	in excess of 25.)	)	CUI	RRENT LICE	NSE NUMBER	
ADDITIONAL SITES TO AN EXISTING (\$1.00 for each site; Seasonal: \$.50 for ea	ch site.)						
NUMBER OF EXISTING SITES		NUMBER	R OF NEW S	ITES			
CHANGES TO ORIGINAL APPLICATION CHANGES TO ORIGINAL APPLICATION CHANGES to 4 or 5, please continuous continuou			ease compl	ete 1, 2, 3, 4 a	and 5. Please	sign the applic	ation. I
Business			Assumed Nan	ne			
Business Telephone Number				E-Mail Address			
( )				E-Mail Address			
Community Location Address: Street		City		County		Zip Code	
Community Mailing Address (If different from above): St	reet	City		County	State	Zip Code	
(Check one)		l		l	<u>l</u>	L	
Sole Proprietor	Limited Part	tnership		□ c	orporation		
Partnership	Number		Number				
Other Type	Other Type  Limited Liability Partnership  Number			Limited Liability Company			
				Number			
				mitad Bartaar	chin or Limita	nd Liability	
If you are filing your application as a Corpo Partnership, please furnish this office with t Services, Bureau of Commercial Services,	he numb	er assigned to					stry
	- 1						

List name(s) of sole proprietor, partners, corporate officers and directors or LLC members or managers. Mark partners as Limited or General (LP or GP). Give residence address; attach additional sheet(s) if necessary.)

Name (Last, First, Middle Initial)		Birth Date	Social Security
Street	City	State	Zip Code
Name		Birth Date	Social Security
Street	City	State	Zip Code
Name		Birth Date / /	Social Security
Street	City	State	Zip Code
Name		Birth Date / /	Social Security
Street	City	State	Zip Code
Name of Operator (must be a corporate officer, general pa	rtner sole proprietor or member	Birth Date	Telephone Number
or manager of LLC)	inition, solo proprietor or member	/ /	( )
Street Address	City	State	Zip Code
Yes No			
Have any of the individuals listed in No. 4 or years, been convicted of a violation or the sul Mobile Home Commission Act; a statute reg real estate brokers or real estate salespersor additional sheet(s) if necessary.)   Yes No	bject of an administrative order or ulating the offering of securities of	civil judgement as a lor franchises, or licens	result of a violation of the sing or regulating builders,

I swear that the statements contained in this foregoing corporate officer or LLC member or manager), have a Any misleading, incomplete or false statement shall be	uthority to sign this a	application and to n	nake the statements conta	
I stipulate and agree that any legal process affecting the same effect as if personally served on me and all agree that this appointment shall remain in force as lo of Michigan.	other general partner	rs or corporate offic	ers of this business, if any	/. I further
(Typed or Printed Name & Title)				
(Signature of Operator Required)		(Date)		
Subscribed and sworn to before me this	day of		19	
Signature of Notary Public				
Name of Notary				
County				
Date Commission Expires:(Type, Print or Star	mp)			

The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

# MAKE REMITTANCE PAYABLE TO: "STATE OF MICHIGAN"

### ALL FEES ARE NON-REFUNDABLE

Issued under authority of 1987 PA 96. Completion of this form is voluntary but failure to do so may result in a denial of your application.

### RETURN ALL FEES AND FORMS TO:

Michigan Department of Consumer & Industry Services Bureau of Construction Codes & Fire Safety Building Division P.O. Box 30255 Lansing MI 48909

NOTE: If the information contained in a record filed with the Department is or becomes inaccurate or incomplete in any material respect, the licensee shall file a correcting amendment within 30 days.

#### **GENERAL INSTRUCTIONS**

### AN APPLICANT MAY NOT CONDUCT BUSINESS UNTIL IT RECEIVES A LICENSE:

**Definition of operator (application line number 5):** An individual officer, a general partner, LLC member or manager, or a sole proprietor who is directly responsible for the operation of a licensee and who is designated as such for licensure purposes.

**Similar names:** A person who doesn't have an existing license who receives a new license may not have a true or assumed name which is so similar to the true or assumed name on an existing license that it would be confusing to the public.

Foreign (non-Michigan) Corporations, Limited Liability Companies, Limited Partnerships and Limited Liability Partnerships: If you do not have a Certificate of Authority to transact business in Michigan, please obtain one from the Bureau of Commercial Services in the Corporation Division (P.O. Box 30054, Lansing, MI 48909; 517/241-6470) or include a letter with your application stating the reason(s) why you don't need one.

**Assumed names:** If you are operating under a name other than your true name, please include a copy of your Certificate of Assumed Name with your application. If you are a corporation, limited liability company, limited partnership or limited liability partnership, please contact the Corporation Division to obtain one; if you are not, please contact your county clerk.

**Partnerships (except Limited Partnerships and Limited Liability Partnerships):** If you do not have a Certificate of Assumed Name, please include a copy of your Certificate of Co-partnership with your application.

**Expiration date:** Licenses expire on September 30. A renewal application is mailed to each licensee in August and must be returned (postmarked or delivered) before October 1.

**Changes:** All changes to an original application must be filed with the Building Division within 30 days after the changes are made.

# INSTRUCTIONS FOR MANUFACTURED HOME COMMUNITY LICENSE

## Application for new home sites or previously owned community:

- 1) Please completely fill out the enclosed forms and return them to the Building Division with the nonrefundable fee, after completion of construction of the part of the community where the home sites are located but before homes are occupied, or in the case of a previously owned community, not more than 30 days after the applicant takes control of the community.
- 2) Your application will not be processed without the fee or if incomplete. There is no written test for this license.

Previously unlicensed sites: An application for previously unlicensed sites must be accompanied by:

- A completed affidavit of manufactured home community construction. (enclosed)
- 2) Written certifications for the community sewer and electrical systems for the same site numbers listed on the affidavit.

When the application, affidavit, and certifications are received by the Building Division, the Division will conduct an inspection and ask the Department of Environmental Quality (DEQ) to conduct an inspection of the previously unlicensed sites.

Fee for adding additional sites to an existing license: The \$1.00 fee (.50 fee in a seasonal community) for each additional site does not need to be paid until the combined number of existing and additional sites exceeds 25.

**DEQ Certificate of Compliance:** A manufactured home community license for a particular manufactured home site(s) will not be issued without a DEQ Certification of Compliance for those sites for the licensing year for which the license is being requested. The DEQ will send a copy of its Certification to the Building Division. Inquiries about a DEQ Certification should be addressed to the Michigan Department of Environmental Quality, Water Division, Constitution Hall, 525 W. Allegan, 2<sup>nd</sup> Floor, P.O. Box 30603, Lansing, Michigan 48909-8130, 517/241-1340.

Manufactured home sales, installation, or repair: A manufactured home community license only covers the operation of a manufactured home community. A manufactured home retailer license must be obtained from the Building Division in order to engage in the business of offering manufactured homes for sale, exchange, lease or rent. A manufactured home installer and servicer license must be obtained from the Division in order to install, or disassemble the installation of homes, or service a manufactured home for compensation.

If you have any questions regarding your license application, please contact the Building Division (P.O. Box 30255, Lansing, MI 48909-8203; 517/241-6326)